

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO		3. FEC Identification Number C C90011172
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1625 L STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report

☒ 24-Hour Report

☐ 48-Hour Report

b) Is this Report an amendment? Yes ☒ No ☐

5. COVERING PERIOD: FROM

10 / 13 / 2012
THROUGH
10 / 24 / 2012

6. TOTAL CONTRIBUTIONS	0.00
7. TOTAL INDEPENDENT EXPENDITURES	98869.70

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

RODNEY MOSBY

RODNEY MOSBY

10/24/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

Full Name (Last, First, Middle Initial) of Payee NEW PARTNERS CONSULTING, INC		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1250 EYE STREET, NW SUITE 200		Amount 13869.70	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : F57.000001
Purpose of Expenditure MAILER - POSITIVE BIO	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13869.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN GROUP		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1600 LOCUST STREET		Amount 80000.00	
City PHILADELPHIA	State PA	Zip Code 19103	Transaction ID : F57.000002
Purpose of Expenditure RADIO ADS - CONTRAST	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CHIP CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 754000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee THE CAMPAIGN GROUP		Date MM / DD / YYYY 10 / 23 / 2012	
Mailing Address 1600 LOCUST STREET		Amount 5000.00	
City PHILADELPHIA	State PA	Zip Code 19103	Transaction ID : F57.000003
Purpose of Expenditure PRODUCTION COSTS - CONTRAST	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CHIP CRAVAACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 754000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	98869.70
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures ▶ (carry total from last page forward to Line 7)	98869.70